

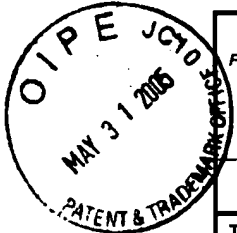
06-02-05

1646 B

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 710.00**Complete if Known**

Application Number	09/530233-Conf. #3952
Filing Date	April 26, 2000
First Named Inventor	Philippe SEGUOLA
Examiner Name	M. D. Pak
Art Unit	1646
Attorney Docket No.	PCI-017USRCE

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

10 - 22 = _____ x _____ = _____

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

4 - 3 = 1 x 100 = 200.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month

Fees Paid (\$)

710.00

SUBMITTED BY

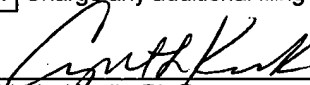
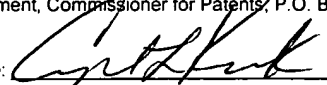
Signature		Registration No. (Attorney/Agent)	37,320	Telephone	(617) 227-7400
Name (Print/Type)	Cynthia L. Kanik, Ph.D.	Date	May 31, 2005		

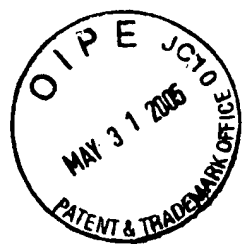
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Dated: May 31, 2005

Signature: (Cynthia L. Kanik, Ph.D.)



AMENDMENT TRANSMITTAL LETTER				Docket No. PCI-017USRCE	
Application No. 09/530233-Conf. #3952		Filing Date April 26, 2000		Examiner M. D. Pak	
				Art Unit 1646	
Applicant(s): Philippe SEGUELA <i>et al.</i>					
Invention: DNA ENCODING A HUMAN PROTON-GATED ION CHANNEL AND USES THEREOF					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	10	- 22 =		x	
Independent Claims	4	- 3 =	1	x 200	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					510.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					710.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>710.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Cynthia L. Kanik, Ph.D. Attorney Reg. No.: 37,320 LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>May 31, 2005</u>	
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Dated: May 31, 2005		Signature:  (Cynthia L. Kanik, Ph.D.)			



Application No. (if known):

Attorney Docket No.: PCI-017USRCE

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37,320
Registration Number, if applicable

(617) 227-7400
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Fee Transmittal (1 page in duplicate)

Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment in Response to Non-Final Office Action (8 pages)

Appendix A (2 pages)

Amendment Transmittal (1 page)

This Certificate of Express Mailing (1 page)

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